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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|-------------------------|
| | | Application Number | 10/803,419 |
| | | Filing Date | March 18, 2004 |
| | | First Named Inventor | Daniel D. Friel, et al. |
| | | Art Unit | 3723 |
| | | Examiner Name | H. Shakeri |
| Total Number of Pages in This Submission | | Attorney Docket Number | FRIEL-105 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------------|----------|--------|
| Firm Name | CONNOLLY BOVE LODGE & HUTZ LLP | | |
| Signature | | | |
| Printed name | Harold Pezzner | | |
| Date | | Reg. No. | 22,112 |



Application No. (if known): 10/803,419

Attorney Docket No.: 152*268

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope addressed to:

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P.O. Box 1450
Alexandria, VA 22313-1450

on

4/6/04

Date

Harold Pezzner

Signature

Harold Pezzner

Typed or printed name of person signing Certificate

22,112

Registration Number, if applicable

302-658-9141

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal Form
Notice of Appeal (1 page)
Transmittal (1 page)
Charge \$250.00 to deposit account 03-2775



A F / I M / \$

PTO/SB/31 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|--|--------------------------------|--|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) FRIEL-105 (152*268) |
| In re Application of Daniel D. Friel, Sr., et al. | | |
| Application Number 10/803,419 | Filed March 18, 2004 | |
| For PRECISION MEANS FOR SHARPENING AND CREATION OF MICROBLADES ALONG CUTTING EDGES | | |
| Art Unit 3723 | Examiner H. Shakeri | |

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) **\$ 500.00**

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: **\$ 250.00**

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-2775. I have enclosed a duplicate copy of this sheet.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

applicant/inventor.

assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent of record.

Registration number _____

attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. 22,112


Signature

Harold Pezzner
Typed or printed name

(302) 658-9141
Telephone number

April 6, 2006
Date

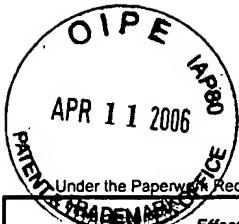
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

04/12/2006 SFELEKE1 00000058 032775 10803419

02 FC:2401

250.00 DA



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180.00

Complete if Known

| | |
|----------------------|------------------------------|
| Application Number | 10/803,419 |
| Filing Date | March 18, 2004 |
| First Named Inventor | Daniel D. Friel, Sr., et al. |
| Examiner Name | H. Shakeri |
| Art Unit | 3723 |
| Attorney Docket No. | FRIEL-105 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

| <u>Fee Description</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> |
|--|------------------------------|-----------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | = _____ | x _____ | = _____ |

| | |
|----------------------------------|----------------------|
| <u>Multiple Dependent Claims</u> | |
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | _____ |

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | = _____ | x _____ | = _____ |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | - 100 = _____ | /50 _____ (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal 250.00

SUBMITTED BY

| | | | | | |
|-------------------|-----------------------|--------------------------------------|--------|-----------|----------------|
| Signature | <i>Harold Pezzner</i> | Registration No. (Attorney/Agent) | 22,112 | Telephone | (302) 658-9141 |
| Name (Print/Type) | Harold Pezzner | | | Date | <i>9/6/06</i> |